

a bit ahead because of the federal match. See, the way the system works, just to run through it real quickly, is you've got Medicaid out there right now, state Medicaid, that's a federal-state program. Medicaid is 40 percent state, 60 percent federal. So for every dollar the state puts in, \$1.50 federal comes in. We have the flexibility, under Medicaid, to set a number of different provisions in our law, determining eligibility, for instance, and determining reimbursement rates. So we have a flexible situation. We have found, under the Medicaid program, that we had reimbursements that were too low for providers, they were rejecting Medicaid patients, the doctors, the hospitals, they were being reimbursed too much below their actual cost. So the Appropriations Committee saw that need and is increasing, under LB 525, the reimbursement rate, and for every extra dollar they put in, they get \$1.50 federal money. So this increases the amount of money going into the providers by a total of \$12 million, when you count both state and federal money. And this is being offered as an alternative to the \$12 million originally in LB 187, but LB 187 deals with a different population. Right now Medicaid, you have to be in a categorical area and under a certain income level, that means your family situation or disability and below an income level that is quite below the poverty level. If you don't fit in that, you don't get covered by Medicaid. And, if you don't fit in that, and you're below the medically needy level, which we've established, you're considered indigent and LB 187 would pick you up. Now the big concern that is out there isn't so much that this...the couple of concerns are, number one, who should pick up that responsibility right now. The counties have it in Nebraska. Counties are paying something like \$3.5 million statewide for this responsibility. Under the original 187, that 3.5 million would have gone to 12 million under the state. So that's quite a jump. This would bring it back down to 7.2 million, but still it's about double what they were getting in the past for this coverage. So the question is, should the county do it, should the state do it? If the state does it, how much, in fact, should they pay for this activity? But, in any event, they do target different populations but they mesh together. And I also want to mention another bill we might be voting on perhaps later this evening, LB 354 deals with a similar type of situation. That's for individuals that are pregnant women and children, aged, blind and disabled individuals. These are individuals now covered under a program we passed last year, again state-federal match under the Medicaid option program. And that bill will also target a